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 WASHINGTON, D.C. 20231
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CONFIRMATION NO. 6908

Bib Data Sheet

SERIAL NUMBER 09/847,256	FILING DATE 05/02/2001 RULE	CLASS 379	GROUP ART UNIT 2642	ATTORNEY DOCKET NO. 00-4037
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APPLICANTS

Joshua Bers, Cambridge, MA;
 Patrick M. Peterson, Cambridge, MA;
 John A. Golden, Cambridge, MA;

**** CONTINUING DATA** *****
NONE

**** FOREIGN APPLICATIONS** *****
NONE

**IF REQUIRED, FOREIGN FILING LICENSE
GRANTED** ** 06/27/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

Leonard C. Suchyta
 Verizon Services Group
 600 Hidden Ridge, HQE03H01
 Irving , TX 75038

TITLE

System and method for maximum benefit routing

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

CONFIRMATION NO. 6908

SERIAL NUMBER 09/847,256	FILING DATE 05/02/2001 RULE	CLASS 379	GROUP ART UNIT 2645	ATTORNEY DOCKET NO. 00-4037
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APPLICANTS

Joshua Bers, Cambridge, MA;
Patrick M. Peterson, Cambridge, MA;
John A. Golden, Cambridge, MA;

None

** CONTINUING DATA *****

None

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/27/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

32127

TITLE

System and method for maximum benefit routing

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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4/8/03